

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>RGA RIGHT DIRECTION PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490730	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2016	

Full Name of Payee <b>McCleskey Media Strategies</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2016	
Mailing Address 6100 Uptown Blvd NE, #590		Amount 13950.63	
City Albuquerque	State NM	Zip Code 87110	Transaction ID : SE.4795
Purpose of Expenditure Advertising - Production (Updated to Actual)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		2651091.03	

Full Name of Payee <b>SRCP Media, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2016	
Mailing Address 201 N Union St, Suite 200		Amount 212910.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4773
Purpose of Expenditure Television Advertising - Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1834583.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	226860.63
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Adams

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F24A  
Transaction ID :

For the production costs paid to McCleskey Media Strategies, this amended report updates the originally disclosed, estimated costs (\$15,000.00) to the actual costs (\$13,950.63).

Form/Schedule:  
Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>RGa RIGHT DIRECTION PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490730	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2016	

Full Name of Payee <b>Targeted Victory</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2016	
Mailing Address 1033 N Fairfax St, Suite 400		Amount 20000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4774
Purpose of Expenditure Digital Advertising - Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1854583.00	

Full Name of Payee <b>Targeted Victory</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2016	
Mailing Address 1033 N Fairfax St, Suite 400		Amount 2000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4775
Purpose of Expenditure Website Development		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1856583.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	248860.63

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Adams

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Signature